

The traveler is responsible for proofing his/her travel order for its accuracy.

Lead Times to Secretaries:

30 Days: Domestic

45 Days: Domestic HHS-348

45 Days: Foreign

60 Days: Foreign HHS-348

LCB Travel Order Request [*as of 3 March 2004*]

Date: _____

Traveler's Name: _____ **SSN:** _____

Home Address: _____

Office Information: Building/Room #: _____ **Tel:** _____ **CAN #:** _____

Destination/Purpose: _____

Title of Speech/Poster: _____

Date Departing from Bethesda: _____ **Date Returning to Bethesda:** _____

Registration Fee: Is one required in your travel? _____ Amt.: _____ Due Date: _____

Have you already paid it? _____ With personal funds? _____

Lodging included? Dates: _____ — _____ Meals included? _____ Dates: _____

Government Travel Credit Card: Are you using yours for a ticket? Yes _____ No _____

Making Your Reservations:

1. To request a reservation for a flight, train or rental car reservation, Contact Omega Travel:

E-Mail: nihmd@owt.net Fax: 301-984-2217 Phone: 301-984-1850

Emergency Phone: 1-800-285-6342 Omega will fax your itinerary to you.

2. If you made reservations through Omega, how did you do it? Please circle a, or b.

a) Fax/Email b) Phone/in person

3. Then, please submit the itinerary along with this request to: Patty Martone at 301-402-0450.

4. To request a government owned vehicle, obtain a Motor Vehicle Trip Ticket form (NIH1382-2) from our office, request Karen Gallin's signature, and then call the NIH fleet 6-3426.

Request for Special Per Diem Rates:

To request increased per diem [Actual Expense Allowance (AEA)] that is authorized for special circumstances, write a justification. _____

Section Chief Approval: _____ **Date:** _____

Transportation Details:

1. Will you be traveling primarily by Air, Train, Bus, Privately Owned Vehicle (POV) or Government Vehicle (GSA)? _____
2. Are you taking a limo, taxi, or subway to the airport or depot? _____
Estimate the roundtrip cost: \$ _____
3. If you will be driving a privately owned vehicle (POV) to the airport or depot, then please. . .
Estimate your round trip mileage: _____ miles
Estimate the parking fee for your vehicle: \$ _____
4. What other transportation will you need at your destination? _____
Estimate the round trip cost: \$ _____
5. Are you renting a car at your destination? _____
Estimate the cost: \$ _____

ITINERARY: (Time from home/office to final destination and return)

Depart Date:	_____	Time:	_____	am/pm	_____	City:	_____
Arrive Date:	_____	Time:	_____	am/pm	_____	City:	_____
Depart Date:	_____	Time:	_____	am/pm	_____	City:	_____
Arrive Date:	_____	Time:	_____	am/pm	_____	City:	_____

Hotel Information:**Name of hotel:** _____**Address:** _____**Cost (per night):** _____**Annual or Personal Leave:** Do you need to take any leave while you are on travel?

If so, state the dates: _____

Advance of Funds:

Do you wish to have an advance for the trip? Yes _____ No _____

Note: If your advance is greater than your expenses, you will need to repay the difference.

FYI: If you are traveling two or more nights on government business, you may make a brief call (averaging \$5/day) to your residence.

If This Travel is Sponsored by an Outside Agency, “Sponsored Travel,” then . . .

Please attach your letter of invitation from the sponsor that meets the following criteria:

1. It states, “No U.S. Federal funds will be used for the cost of this sponsored travel.” AND
2. It itemizes the expenses that the sponsor will cover (i.e. airline ticket, lodging, meals).

Will the sponsor reimburse NIH? Yes _____ No _____

OR, will the sponsor arrange payment with no money changing hands? Yes_____ No_____
(Called “in kind.”)

Did you include:

- ★ All personal information, e.g., phone number?
- ★ If sponsored travel, copy of letter of invitation with “no federal funds statement”?
- ★ Your P.I. or Lab Chief’s Signature?

Patty Martone or Joyce Sharrar
Building 37, Room 1A09
fax: (301) 402-0450
phone: (301) 496-1530